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#### COVER LETTER

TO: Amendment Section Division of Corporations

## NAME OF CORPORATION: \_\_\_\_

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTA SAMOLEJ

Name of Contact Person

Firm/ Company

1591 DRUID RD E

Address

CLEARWATER, FL 33756

City/ State and Zip Code

MARTASAMOLEJ.DSG@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 MARTA\_SAMOLEJ
 at (
 773
 )
 3873687

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

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<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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SAMART DESIGN CONSULTING INC

Articles of Amendment 10 Articles of Incorporation  $\mathbf{of}$ 

FILED

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(Name of Corporation as currently filed with the Florida Dept. for State) All 7:39

800423134218

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corpo	
SMART DESIGN CONSULTING INC	The
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered." "professional association," or the abbreviat	pration," "company," or "incorporated" or the abbreviation "Co r="Co", A professional corporation name must contain the
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u>	<u>N/A</u>
<ol> <li>Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)</li> </ol>	N/A
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered offic</li> </ol>	
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent	(Florida street address) , Florida (Citvi(Zin Code)

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

X Change  $\underline{PT}$ John Doe X Remove Y Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) \_\_\_\_ Change Add Renove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 3) \_\_\_\_ Change \_\_\_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 51 Change \_\_\_\_\_ Add Remove 6) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove

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f an amendment provides f provisions for implementir	or an exchange, i og the amendmen	reclassification, <u>(</u> t if not contained	or cancellation of I in the amendme	i <u>ssued shares,</u> nt itself:	
(if not applicable, indice	ite N/A)			<u></u>	

\_\_\_\_

\_\_\_\_

\_\_\_\_\_

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary).* (Be specific)

The date of each amendment	s) adoption:	, if other than the
date this document was signed.		
	02/03/2024	
Effective date if applicable:		

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- □ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_ (voting group)

02-13-24 Dated ĦQ Samle Signature \_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARTA SAMOLEJ

(Typed or printed name of person signing)

(Title of person signing)